



DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Docket No. 875.0100.U1(US)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled:

A METHOD AND SYSTEM FOR FINDING A QUERY-SUBSET OF EVENTS WITHIN A MASTER-SET OF EVENTS

the specification of which

(check one) ___ is attached hereto.

X was filed on December 31, 2001 as Application Serial No. 10/038,846

___ and/or that was amended on _____.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to the patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate(s) listed below and have also identified below any foreign application(s) for patent or inventor's certificate(s) having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

(Number) (Country) (Day/Mon/Year Filed) Yes ___ No ___

(Number) (Country) (Day/Mon/Year Filed) Yes ___ No ___

I hereby claim benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Serial No.)	(Filing Date)	(Status)
--------------------------	---------------	----------

POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorneys and/or agents listed below to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Steven Shaw	39,368
Brian Rivers	41,270
Milan Patel	41,242

and all Attorneys and/or Agents listed under **Customer Number: 29683** including:

NAMES	REGISTRATION NUMBERS
-------	----------------------

Mark F. Harrington	31,686
Harry F. Smith	32,493
Kevin P. Correll	46,641
Eric W. Petraske	28,459

SEND CORRESPONDENCE TO:

Customer Number: **29683**.

DIRECT TELEPHONE CALLS TO:

Kevin P. Correll
Telephone: (203) 366-4084
Facsimile: (203) 366-4109

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that

such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF INVENTOR	LAST NAME MANNILA	FIRST NAME HEIKKI	MIDDLE NAME
RESIDENCE CITIZENSHIP	STATE OR COUNTRY Finland	CITIZENSHIP Finland	
POST OFFICE ADDRESS	P.O. ADDRESS Lintuparvenpuisto 6	CITY & COUNTRY 02660 Espoo Finland	

Signature _____ Date _____

FULL NAME OF ASSIGNOR	LAST NAME RUSAKOV	FIRST NAME DMITRY	MIDDLE NAME
RESIDENCE CITIZENSHIP	STATE OR COUNTRY Israel	CITIZENSHIP Israel	
POST OFFICE ADDRESS	P.O. ADDRESS Hebron Road 150/2/15	CITY & COUNTRY Jerusalem 93430, Israel	

Signature  _____ Date March 25th, 2002

such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF INVENTOR	LAST NAME MANNILA	FIRST NAME HEIKKI	MIDDLE NAME
RESIDENCE CITIZENSHIP	STATE OR COUNTRY Finland	CITIZENSHIP Finland	
POST OFFICE ADDRESS	P.O. ADDRESS Lintuparvenpuisto 6	CITY & COUNTRY 02660 Espoo Finland	

Signature *Heikki Mannila* Date *March 21, 2002*

FULL NAME OF ASSIGNOR	LAST NAME RUSAKOV	FIRST NAME DMITRY	MIDDLE NAME
RESIDENCE CITIZENSHIP	STATE OR COUNTRY Israel	CITIZENSHIP Israel	
POST OFFICE ADDRESS	P.O. ADDRESS Hebron Road 150/2/15	CITY & COUNTRY Jerusalem 93430, Israel	

Signature _____ Date _____